MASSACHUSETTS CHILD PASSENGER SAFETY INSPECTION/INSTALLATION CHECKLIST

RELEASE I understand and agree that the sole purpose of this program is to help reduce the incidence of implication of this seat is being provided at no-cost, that this program cannot fully evaluate the quarestraint provided, or any component of my vehicle including the seats and seatbelts, and that this motor vehicle collision. However, I understand that a properly used child restraint can significant important to read both the vehicle and child restraint manufacturer's instructions. For these reason Massachusetts, the Executive Office of Public Safety and Security's Highway Safety Division (EC Police, all state and local emergency personnel including police departments, fire departments and any program participants, sponsors and traffic safety advocates from any present or future lial motor vehicle collision or otherwise. I understand the recommendations made by the child safety person to install the child restraint in my vehicle and I was the last person to place my child in the	Please check all t Native A: Asian/Pa Asian/Pa Black/Af Hispanic Middle E White/Ca Other (pl	hty/Town:	'articipant's Last Name: Tome Address:	BIOGRA *lease check only Dearent	une of Departm
and agree that the fithis seat is being ided, or any come collision. However tead both the velts, the Executive tead local emergan participants,	Please check all that apply: Native American Indian Asian/Pacific Islander Black/African-American Hispanic Middle Eastern/East Indian White/Caucasian Other (please specify) I decline to identify my race/ethnicity	ne following sect	Name:	BIOGRAPHICAL INFORMATION *lease check only one of the following: Parent	Vame of Department/Organization:
g provided at no-c g provided at no-c ponent of my vehi ever, I understand icle and child restr icle and public Sa rgency personnel in sponsors and traff	an ndian y race/ethnicity	ion ONLY IF you : city of individuals		<i>RMATION</i> ning: □ Guardian	
I understand and agree that the sole purpose of this program is to help reduce the incidence of improper installation of child restraints, that the distribution of this seat is being provided at no-cost, that this program cannot fully evaluate the quality, safety or condition of my child's safety in a restraint provided, or any component of my vehicle including the seats and seatbelts, and that this program cannot fully guarantee my child's safety in a motor vehicle collision. However, I understand that a properly used child restraint can significantly reduce the chance of death or injury and it is important to read both the vehicle and child restraint manufacturer's instructions. For these reasons, I hereby release the Commonwealth of Massachusetts, the Executive Office of Public Safety and Security's Highway Safety Division (EOPSS/HSD), the Massachusetts Department of State Police, all state and local emergency personnel including police departments, fire departments and ambulance services, their divisions and subsidiaries and any program participants, sponsors and traffic safety advocates from any present or future liability for injuries or damages that may result from a		Zip Code:Phone Number:Phone Number:Phone Number:Phone Number:Phone Number:Phone Number:Phone Number:		□ Social Worker	
m cannot fi m cannot fi ats and sea child restr instruction Highway Highway from any p	How d	tarily ident	First Name:		
the incidence of ir ully evaluate the cully evaluate that this thelts, and that this aint can significant as. For these reas Safety Division (Fire departments are resent or future lives	How did you hear about this service? Please check all that apply: Referral from social service agency Referral from hospital or health clinic Previous participant of a no-cost car seat from this department/agency Referral from a friend or family member EOPSS/HSD or SafeKids Website Informational pamphlet Child's school or daycare EOPSS/HSD Telephone Hotline Other (please specify) I decline to identify this information	Phone Number:	e. 	□ Other (please specify)	То
nproper installa quality, safety on is program cannutly reduce the cons, I hereby reached ambulance so	this service? Plocial service age spital or health pant of a no-cos friend or family SafeKids Webs amphlet or daycare ecify)			ecify)	Today's Date:
ttion of child res r condition of m ot fully guarante chance of death lease the Comm he Massachusett ervices, their div les or damages t	ease check all the ncy clinic t car seat from the member ite	The information in this section will be used to			ARRELINGUES TOTAL
RELEASE I understand and agree that the sole purpose of this program is to help reduce the incidence of improper installation of child restraints, that the distribution of this seat is being provided at no-cost, that this program cannot fully evaluate the quality, safety or condition of my child restraint, an restraint provided, or any component of my vehicle including the seats and seatbelts, and that this program cannot fully guarantee my child's safety motor vehicle collision. However, I understand that a properly used child restraint can significantly reduce the chance of death or injury and it is important to read both the vehicle and child restraint manufacturer's instructions. For these reasons, I hereby release the Commonwealth of Massachusetts, the Executive Office of Public Safety and Security's Highway Safety Division (EOPSS/HSD), the Massachusetts Department of St Police, all state and local emergency personnel including police departments, fire departments and ambulance services, their divisions and subsidia and any program participants, sponsors and traffic safety advocates from any present or future liability for injuries or damages that may result from motor vehicle collision or otherwise. I understand the recommendations made by the child safety seat inspector. I acknowledge that I was the last	hat apply:	– section will be u			
it, any afety in a : is of State sidiaries from a last	/agency	ised to			

MASSACHUSETTS CHILD PASSENGER SAFETY INSPECTION/INSTALLATION CHECKLIST

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IMPC ability vehicly materi									šeat Exj	Brand of Seat :	Child's Age:	Child's	is the pa	11.
RTANI Please		Child Arrives NO RESTRAINT	Child A	Child Arrives BOOSTER Seat Backless Seat installed properly	Seat installed properly	Child Arrives FO: Five-Point Harness Integrated	Child Arrives REAR. Infant with Base Seat installed properly	Seat Info/Labels Missing	Seat Expiration Date:	f Seat :	Age:	Child's First Name:	Is the participant an expectant parent? \square Yes	СНПД
"REMII take the ovide th		rrives]	rrives	rrives l s talled pr	talled pr	<u>ırrives l</u> int Harn ed	<u>rrives l</u> ⁄ith Base talled pr	o/Labels	Date: _			me:	t an exp	SAFE
VDERS time to		VO RES	VEHIC	300ST operly	operly	ess	REAR-1	Missin			Chi		ectant p	Y SEA
TO TE		TRAIN	LE SAF	ER Sea		<u>\RD-F</u> ≜	Child Arrives REAR-FACING Infant with Base Seat installed properly				ld's App		arent? □	T INSP
CHIVICI the part h an info		Ħ	Child Arrives VEHICLE SAFETY BELT	<u>t</u> High B Recom	Recom	Child Arrives FORWARD-FACING (with Harness) Five-Point Harness □ Combination Seat Integrated Other (please specify)	Infant v Recom	Seat Recalled	_ Vehic		Child's Approx. Height and Weight:		l Yes	CHILD SAFETY SEAT INSPECTION
IANS: Sicipant a comment of the comm				High Back (Belt Positioning) Recommended different seat	Recommended different seat	CING (with Harness) Combination Seat Other (please specify)	Infant without Base Recommended different seat		Vehicle Yr/Make/ Model:	Serial	ight and		O N O	~
eats MU about the			Child Seat Misuse ID:	t Positic	differen	arness) eat pecify)	3ase differen	Yes No	ake/ Mo	Serial Number:	Weight	Child's	Child p	
IST only imports SS/HSD			at Misu	ning) t seat	t seat		t seat		del:	.T. 	PHOTOGRAPHICAL	Child's Gender: □ M	Child present? ☐ Yes ☐ No	
be instance of u			se ID:								inches		□ Yes [
illed by i ising a p et, if ava				Child w	Child w	Conver	Rear-Fa				Ibs	□F	□ N _o	
nationall roperly i ilable. T				ithin rec	ithin rec	Convertible Seat	acing Co ⁄ithin rec				σ.			
IMPORTANT REMINDERS TO TECHNICIANS: Seats MUST only be installed by nationally certified technicians. Complete this form to the best of your ability. Please take the time to educate the participant about the importance of using a properly installed child passenger safety seat each time they travel in a vehicle and provide the participant with an informational EOPSS/HSD pamphlet, if available. Technicians should retain the car seat box and all related packaging materials will				Child within recommended age/height/weight requirements	Child within recommended age/height/weight requirements	₩	Rear-Facing Convertible Child within recommended age/height/weight requirements				(Optional) Sr. Check	Certifi	Certifi	Techn
ed techni child pa ans shou etaining				ded age/	ded age/l		e ded age/			Shadi seat.	(Optional) Sr. Checker Name/Number:	Certification Expiration Date:	Certification Number:	Technician's Full Name:
IMPORTANT REMINDERS TO TECHNICIANS: Seats MUST only be installed by nationally certified technicians. Complete this form to the best of your ability. Please take the time to educate the participant about the importance of using a properly installed child passenger safety seat each time they travel in a vehicle and provide the participant with an informational EOPSS/HSD pamphlet, if available. Technicians should retain the car seat box and all related packaging materials, provide the participant with only the seat's serial number and the attached warranty card. Retaining the original box and packaging materials will	***************************************			height/w	height/w	T-Shiel	height/w		_ ç	e the X wh	me/Vum	piration	ımber:_	ull Name
complete safety se the car i				eight red	eight re	T-Shield/Tray Shield	eight re	Z× Z		Shade the X where you found CSS.	her:	Date:		i
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Complete this form to the best of your r safety seat each time they travel in a in the car seat box and all related packa								S×3	□ □ □ × ≥ ×	Shade the M if/where moved the				
your in a nackagin										re moved				
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617.725.3353, via email at John.Fabiano@state.ma.us or by mail to the attention of John Fabiano at 10 Park Plaza, Suite 3720, Boston, MA 02116. destroyed following your agency's/department's established protocol. Inquiries and requests for additional handcards may be directed to EOPSS/HSD by phone at the conclusion of the grant period. Grant participants must retain this original form for a period of six (6) full calendar years and then the paperwork may be

MASSACHUSETTS CHILD PASSENGER SAFETY INSPECTION/INSTALLATION CHECKLIST

III. CHILD SAFETY SEAT ISSUANCE	Brand of Seat Distributed:
pe of ease c	Seat Serial Number:
☐ Rear-Facing Car Seat ☐ Forward-Facing Car Seat	Seat Expiration Date:
	Make and Model of Participant's Vehicle:
Was any special equipment (i.e. pool noodle, locking clips) required to install the seat into the vehicle? \Box Yes	ed to install the seat into the vehicle? \square Yes \square No
If yes, please specify.	
Was the seat installed using the seat belt system OR the LATCH system?	ystem? □ Seat Belt System □ LATCH System
IV. CHILD SAFETY SEAT DESTRUCTION	
Type of Seat Destroyed. Please check only one of the following: Rear-Facing Car Seat Forward-Facing Car Seat Convertible Seat Booster Seat Special Needs Seat Not Applicable	Reason for Destruction. Please check all that apply. Expired Seat Seat no longer functional Recall Seat involved in a motor vehicle collision Other (please specify)
Brand of Seat Destroyed:	Seat Serial Number:
Seat Expiration Date: Make an	Make and Model of Participant's Vehicle:
Participant's Last Name:	First Name:
Home Address:	
City/Town: Zip Code:	e:Phone Number:
RELEASE I authorize the removal and destruction of the child safety seat identified in due to safety concerns outlined in the 'Reason for Destruction' box above.	RELEASE I authorize the removal and destruction of the child safety seat identified in Section IV from my vehicle and/or possession by a certificated technician due to safety concerns outlined in the 'Reason for Destruction' box above.
Signature of Parent/Guardian/Caregiver	Date